

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20412

State File No. \_\_\_\_\_

FILED JUL 15 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Excelsior Springs</b>		c. LENGTH OF STAY (If in place) <b>6 wks</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Excelsior Spgs Hospital</b>		STREET ADDRESS (If rural, give location) <b>Rural- Route # 1 (North)</b>	

3. NAME OF DECEASED (Type or Print) <b>THOMAS S RYAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 19 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 19 1906</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steel Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sheffield Steel</b>	9. AGE (In years last birthday) <b>50</b>
11a. BIRTHPLACE (City and State or Foreign Country) <b>Novinger Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Mathew Ryan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Young</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs Alice C. Ryan</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Alice C. Ryan-Excelsior Spgs Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombosis</b>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>5 Months</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Extensive emphysema &amp; Bronchopneumonia</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <b>SUICIDE</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>Feb 3 1955</b> , to <b>June 19 1957</b> , that I last saw the deceased alive on <b>June 19 1957</b> , and that death occurred at <b>7:25</b> m., from the causes and on the date stated above.	

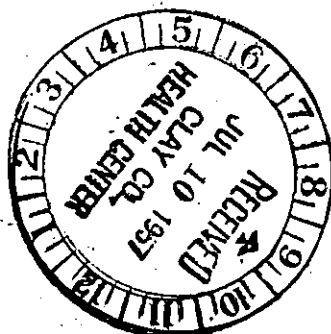
23. SIGNATURE <b>Robert M. D. Excelsior Springs Mo.</b>		23b. ADDRESS <b>Excelsior Springs Mo.</b>	
23c. DATE SIGNED <b>6/19/57</b>		24a. NAME OF CEMETERY OR CREMATORY <b>Lawson Cemetery</b>	
24b. DATE <b>June 21 1957</b>		24c. LOCATION (City, town, or county) (State) <b>Lawson Missouri.</b>	

DATE REC'D BY LOCAL REG. <b>7/1/57</b>		REGISTRAR'S SIGNATURE <b>Caroline Hutchings Virgel</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Hope</b>		ADDRESS <b>Excelsior Spgs Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 15 1957



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or ~~by~~ ##..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*James A. Moles*

Licensed Embalmer No. **3296**

P. O. Address **Excelsior Spg**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.